

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR 24 PM 2:37
FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00000001

2 Total pages this report:
1/13

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
Moorhouse
R.

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
106 East Creath
San Antonio TX 78223

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Mrs. Lynda
NICKNAME LAST SUFFIX
Billa Burke

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
4414 Pecan Grove
San Antonio TX 78223

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 337-2575

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
03/27/0003 04/23/0003

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05/03/0003
☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)
Other -- City Council 3

12 OFFICE SOUGHT (if known)
Other -- City Council 3

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Antoinette "Toni" Moorhouse

15 ACCOUNT #(Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2008 APR 24 PM 2:38

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 50.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9,566.70

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 467.22

4. TOTAL POLITICAL EXPENDITURES

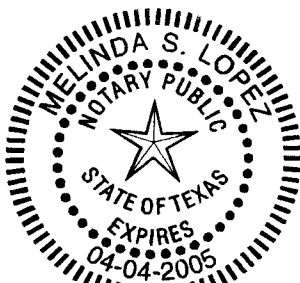
\$ 13,481.52

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,295.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Antoinette R. Moorhouse

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Antoinette Moorhouse, this the 24th day of April, 20 03, to certify which, witness my hand and seal of office.

Melinda S. Lopez

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)
2003 APR 24 PM 2:37

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/13	
2 FILER NAME Toni Moorhouse		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/15/0003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Marco Barros 6 Contributor address; City; State; Zip Code 14018 Sage Bluff San Antonio TX 78216	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/02/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bury + Partners SA Ventures Contributor address; City; State; Zip Code 10000 San Pedro Avenue, Suite 100 San Antonio TX 78215	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/22/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Capital Consultants Marketing Contributor address; City; State; Zip Code 1984 North FM 730 Decatur TX 76234	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/22/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Jack Darrell Contributor address; City; State; Zip Code 15322 Clear Grove San Antonio TX 78247	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/22/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dr. Cuitlahuac Garcia Contributor address; City; State; Zip Code 4503 Pecan Grove Drive San Antonio TX 78222	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2003 APR 24 PM 2:38

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this report: 4/13	
2 FILER NAME Toni Moorhouse				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/15/0003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Michael Gribble	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 100 Northeast Loop 410, 15th Floor San Antonio TX 78216					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 04/15/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Milton Guess	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 800 Navarro Street, Suite 210 San Antonio TX 78205					
Principal occupation (Optional)			Employer (Optional)		
Date 04/02/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Wayne Harwell	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code P.O. Box 17065 San Antonio TX 78217					
Principal occupation (Optional)			Employer (Optional)		
Date 04/02/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Victor Jouffray	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 1502 Bellshire San Antonio TX 78216					
Principal occupation (Optional)			Employer (Optional)		
Date 04/22/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Leco Management	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 3707 North Saint Mary's Street, Suite 201 San Antonio TX 78212					
Principal occupation (Optional)			Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

RECEIVED
CITY OF SAN ANTONIO
2003 APR 24 PM 2:38

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 5/13	
2 FILER NAME Toni Moorhouse		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/15/0003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. David Mann 6 Contributor address; City; State; Zip Code P.O. Box 701288 San Antonio TX 78270	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/22/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Daniel Markson Contributor address; City; State; Zip Code 2421 Lake Pancoast Drive, Apt 4-C Miami FL 33140	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/02/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Marmon Mok LLP Contributor address; City; State; Zip Code 700 North Saint Mary's Street, Suite 1600 San Antonio TX 78205	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/15/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Cliff Morton Contributor address; City; State; Zip Code 1919 Oakwell Farms Parkway, Suite 270 San Antonio TX 78218	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/15/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Yvonne Perez Contributor address; City; State; Zip Code 416 Fay San Antonio TX 78211	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Texas Ethics Commission

P.O.Box 12070

Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2003 APR 24 PM 2: 38

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this report: 6/13	
2 FILER NAME Toni Moorhouse				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/22/0003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Raba-Kistner PAC 6 Contributor address; City; State; Zip Code P.O. Box 690287 San Antonio TX 78232	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 04/01/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SBC Contributor address; City; State; Zip Code Saint Mary's Street San Antonio TX 78205	Amount of contribution (\$) 286.00	In-kind contribution description (if applicable) Spurs Tickets		
Principal occupation (Optional)			Employer (Optional)		
Date 04/19/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SBC Contributor address; City; State; Zip Code Saint Mary's Street San Antonio TX 78205	Amount of contribution (\$) 280.70	In-kind contribution description (if applicable) Spurs Tickets		
Principal occupation (Optional)			Employer (Optional)		
Date 04/22/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SEIU C.O.P.E. Fund Contributor address; City; State; Zip Code 1313 L Street NW Washington DC 20005	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)		
Principal occupation (Optional)			Employer (Optional)		
Date 04/22/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SWAP-O-RAMA Inc. Contributor address; City; State; Zip Code 707 Moursund Boulevard San Antonio TX 78221	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)		
Principal occupation (Optional)			Employer (Optional)		

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2003 APR 24 PM 2:38

SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 7/13	
2 FILER NAME Toni Moorhouse		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/15/0003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) San Antonio Firefighters PAC 6 Contributor address; City; State; Zip Code 8925 West IH 10 San Antonio TX 78230	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/22/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) San Antonio Realtors PAC Contributor address; City; State; Zip Code 9110 IH 10 West San Antonio TX 78230	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/22/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sheet Metal Workers Contributor address; City; State; Zip Code 130 Avenue Del Rey San Antonio TX 78216	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/15/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mrs. Guyla Sineni Contributor address; City; State; Zip Code 208 Castle Gardens San Antonio TX 78213	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/02/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Frank Sitterle Contributor address; City; State; Zip Code 2015 Evans Road, Suite 100 San Antonio TX 78258	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2003 APR 24 PM 2:38

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 8/13	
2 FILER NAME Toni Moorhouse		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/15/0003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Valero PAC 6 Contributor address; City; State; Zip Code P.O. Box 500 San Antonio TX 78292	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/02/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Everitt Walker Contributor address; City; State; Zip Code 414 Cove Bluff San Antonio TX 78216	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/22/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Waste Management Contributor address; City; State; Zip Code 601 Pennsylvania Avenue Washington DC 20004	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/15/0003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. John Worthington Contributor address; City; State; Zip Code 2614 Pebble Dawn San Antonio TX 78232	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES**SCHEDULE F**

2003 APR 24 PM 2:38

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 9/13
2 FILER NAME Toni Moorhouse		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 04/08/0003	5 Payee name Crumrine 6 Payee address; City; State; Zip Code 2030 East Houston Street San Antonio TX 78202	7 Amount (\$) 1842.51
8 Purpose of expenditure (See instructions regarding type of information required.) Printing of Mail Piece		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/12/0003	Payee name Harlandale Little League Payee address; City; State; Zip Code 510 East Amber San Antonio TX 78221	Amount (\$) 150.00
Purpose of expenditure (See instructions regarding type of information required.) Fundraiser		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/21/0003	Payee name Ideas Unlimited Payee address; City; State; Zip Code 2516 Bandera Road San Antonio TX 78238	Amount (\$) 443.95
Purpose of expenditure (See instructions regarding type of information required.) T-Shirts		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/12/0003	Payee name La Prensa Payee address; City; State; Zip Code 320 South Flores San Antonio TX 78204	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

2003 APR 24 PM 2: 38

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 10/13
2 FILER NAME Toni Moorhouse		3 ACCOUNT # (Ethics Commission filers) 00000001

4 Date 04/01/0003	5 Payee name Mr. Kevin Lopez <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 604 East Locust San Antonio TX 78212	7 Amount (\$) 1500.00
8 Purpose of expenditure (See instructions regarding type of information required.) Consulting Services		
9 Complete if direct expenditure to benefit C/OH ** <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

Date 04/08/0003	Payee name PC Mailing <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 10711 Hillpoint Drive San Antonio TX 78217	Amount (\$) 1817.64
Purpose of expenditure (See instructions regarding type of information required.) Mailing Services		
Complete if direct expenditure to benefit C/OH ** <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

Date 04/16/0003	Payee name PC Mailing <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 10711 Hillpoint Drive San Antonio TX 78217	Amount (\$) 1420.00
Purpose of expenditure (See instructions regarding type of information required.) Mailout		
Complete if direct expenditure to benefit C/OH ** <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

Date 03/29/0003	Payee name Politico <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 604 East Locust San Antonio TX 78212	Amount (\$) 1020.00
Purpose of expenditure (See instructions regarding type of information required.) Blockwalking		
Complete if direct expenditure to benefit C/OH ** <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

RECEIVED
CITY OF SAN ANTONIO
CLERK

Texas Ethics Commission

P.O.Box 12070

Austin, Texas 78716-2070

(512)463-5800

1-800-325-8506

POLITICAL EXPENDITURES

2003 APR 24 PM 2:38

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 11/13
2 FILER NAME Toni Moorhouse		3 ACCOUNT # (Ethics Commission filers) 00000001

4 Date 04/07/0003	5 Payee name Politico 6 Payee address; City; State; Zip Code 604 East Locust San Antonio TX 78212	7 Amount (\$) 1076.00
8 Purpose of expenditure (See instructions regarding type of information required.) Blockwalking		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 04/07/0003	Payee name Politico Payee address; City; State; Zip Code 604 East Locust San Antonio TX 78212	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) Data Information		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 04/16/0003	Payee name Politico Payee address; City; State; Zip Code 604 East Locust San Antonio TX 78212	Amount (\$) 650.00
Purpose of expenditure (See instructions regarding type of information required.) Printing		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 04/12/0003	Payee name Principal Impact Payee address; City; State; Zip Code P.O. Box 761555 San Antonio TX 78245	Amount (\$) 1595.50
Purpose of expenditure (See instructions regarding type of information required.) Fundraising Services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

2003 APR 24 PM 2:38

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 12/13	
2 FILER NAME Toni Moorhouse		3 ACCOUNT # (Ethics Commission filers) 00000001	

4 Date 03/29/0003	5 Payee name Robert Chetwood Fundraiser - Holy Name <hr/> 6 Payee address; City; State; Zip Code 3814 Nash Boulevard San Antonio TX 78223	7 Amount (\$) 130.00
8 Purpose of expenditure (See instructions regarding type of information required.) Twenty BBQ Plates		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 04/12/0003	Payee name Saint Lawrence Catholic Church <hr/> Payee address; City; State; Zip Code 236 East Petaluma San Antonio TX 78221	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) Blockwalker's Plate Lunches at Festival		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 04/10/0003	Payee name Mr. Tim Salas <hr/> Payee address; City; State; Zip Code 4627 Newcome San Antonio TX 78229	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Fair Avenue Clean Up Project		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 04/06/0003	Payee name Southside Reporter <hr/> Payee address; City; State; Zip Code 2203 South Hackberry San Antonio TX 78210	Amount (\$) 401.40
Purpose of expenditure (See instructions regarding type of information required.) Advertisement		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

2003 APR 24 PM 2:38

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
13/13

2 FILER NAME
Toni Moorhouse

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
04/15/0003

5 Payee name
Southside Reporter

7 Amount
(\$)
762.88

6 Payee address; City; State; Zip Code
2203 South Hackberry
San Antonio TX 78210

8 Purpose of expenditure (See instructions regarding type of information required.)
Advertisement

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
04/18/0003

Payee name

Walmart

Amount
(\$)
91.64

Payee address; City; State; Zip Code
138 Southwest Military Drive
San Antonio TX 78221

Purpose of expenditure (See instructions regarding type of information required.)
Walk-Run Supplies

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held